

**State of Minnesota**  
**Emergency Medical Services Regulatory Board**  
**Legislative Workgroup Agenda**  
**February 14, 2022, 1:00 p.m.**  
**335 Randolph Avenue, Suite 220**  
**St. Paul, Minnesota**

Conflict of Interest:

As specified in Minnesota Statutes 144E.01, no member of the Board may participate or vote in Board proceedings in which the member has a direct conflict of interest, financial or otherwise.

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**1. Call to Order and Introductions – 1:00 p.m.**

**2. Review and Approve Agenda – 1:05 p.m.**

**3. Review & Approve Minutes from January 12<sup>th</sup>**

**4. Public Comment**

The public comment portion of the meeting is where the public is invited to address the committee on subjects which are not part of the meeting agenda. Persons wishing to speak are asked to email [melody.nagy@state.mn.us](mailto:melody.nagy@state.mn.us). Please limit remarks to three minutes.

**5. EMSRB's Cleanup Bill**

**6. Base of Operation Recommended Changes. – Brian Edwards**

**7. Creation of a “Driver” Update**

**8. Other Pending EMS Legislation**

**9. Rulemaking Discussion**

**10. Office of Legislative Auditor Report**

**11. Other Items/New Business**

## 12. Adjourn

In accordance with the Minnesota Open Meeting Law and the Internal Operating Procedures of the Emergency Medical Services Regulatory Board, this agenda is posted at:  
<https://mn.gov/emsrb>

## Meeting Minutes

### **Emergency Medical Services Regulatory Board Legislative Workgroup January 12, 2022, 2:00 p.m. 335 Randolph Avenue, Suite 220 St. Paul, Minnesota**

#### **Board members and staff present:**

Committee Member Attendance: Kevin Miller, JB Guiton, Greg Schaefer, Jamal Zayed, Thomas Fennell, Michael Jordan, Amber Lage, John Pate, Brian Edwards, Matt Simpson. Absent: BJ Jungmann, Senator Lang, Pattie Forsberg

#### **1. Call to Order and Introductions – 2:00 p.m.**

- a. Chair Miller called the meeting to order at 2:04 pm. Mr. Miller explained that the EMSRB Legislative Workgroup is an ad hoc group sanctioned by the EMSRB. Members include EMS industry leaders, EMSRB Board members and staff. The group is advisory in nature and any final recommendations shall go to the Board for approval. The Board may approve, send back, or modify work of the committee. The goal of the meeting is to introduce our items, and develop work plans and return in early February for further action.

#### **2. Review and Approve Agenda – 2:05 p.m.**

- a. Chair Miller added state Statute 62J.49 for review by the committee.

#### **3. Public Comment – 2:10 p.m.**

- a. There was no public comment.

#### **4. Review Timeline for 2022 Legislation – 2:15 p.m.**

- a. The 2022 Legislative session begins on January 31. Representative Huot stated that this session will be short.

#### **5. EMSRB's Cleanup Bill from 2021 – 2:30 p.m.**

- a. Chair Miller reviewed SF1148. This is the EMSRB cleanup bill. It did not have a companion bill in the House. We reviewed the recommendations, no changes were requested. We will work with our legislative officials to get this completed in 2022
- b. There was discussion regarding the corrective action sections of 144E. Specifically, the work that the EMSRB – Complaint Review Panel (CRP) manages. Pattie Forsberg, EMRSB Staff to the Legislative Committee and Compliance Officer to the CRP, suggested that the investigative authority, as well as the current statute be updated, and moved to 144E.30. Pattie will be meeting with Assistant MN Attorney General Schaefer to review the recommendations and report back in February. We had draft language to review.

#### **6. Base of Operation Recommended Changes – 2:45 p.m. – Brian Edwards**

- a. Board Member Brian Edwards reviewed his committees work on Base of Operation through a document that had several recommendations. There was significant discussion

on the brick-and-mortar structure and what is a base of operation? Chair Miller asked the group to consider the intent of a base of operation beyond the brick-and-mortar structure.

The intention of a base of operation is to assure there is a reasonable response time from the physical building in association with the primary service area (PSA). The group discussed eliminating the base of operation term and move to defining performance standards of a PSA rather where a building may be located and the content.

After much discussion, Mr. Edwards was asked to bring his group back together, look at what may constitute performance standards? The group went on to discuss how standards may be different across the state. This sparked further conversation as to the ethical, financial, and operational remedy to minimize disparities between rural and urban areas. These issues shall be discuss in Mr. Edwards's subgroup meeting.

**7. Creation of a "Driver" Credential – 3:00 p.m.**

- a. Mr. Miller presented an outline on what a Driver credential could look like. The proposed language restricted the driver to greater MN and disallowed metro and cities of the first class. Mr. Fennell suggested that the metro exemption be eliminated due to very difficult staffing and that services in the metro may need to use this as an option. There was much discussion on the matter, Mr. Miller was asked to remove the metro restriction from the language. Mr. Miller will bring an updated document to the February meeting.

**8. Rulemaking Overview – 3:15 p.m.**

- a. Assistant Attorney General Greg Schaefer gave an overview on the rulemaking process as authorized through statute. Following the legislative session, the workgroup will turn its work to EMSRB rules.

**9. Office of Legislative Auditor Report (OLA) (if available) – 3:30 p.m.**

- a. The EMSRB OLA audit has not been completed. The OLA is hoping that the report will be done in January. Once completed a small group of the Legislative Committee will meet with the OLA to review their findings before the document is made public.

**10. Other Items/New Business – 3:45 p.m.**

- a. Mr. Miller introduced Minnesota State Statute 62J.49. The statute was created in 1997 and directs the EMRSB to collect financial data for all ambulance services licensed in the state. The EMSRB was not aware of this statute. Mr. Miller asked the committee and audience if anyone knew the genesis of the statute. No one had any background. Mr. Miller asked Representative Huot if he could do some research. Rep Huot stated he would reach out to the author and see what he can find from the Legislature.

There was further discussion regarding whether this should be repealed or not. CMS is currently in a multi-year process of obtaining ambulance cost reporting. The group decided to wait on a Board Recommendation as the OLA report is pending. Mr. Miller will bring the issue to the attention of the Board.

**11. Adjourn – 4:15 p.m.**

**144E.28 CERTIFICATION OF EMT, AEMT, AND PARAMEDIC.**

Subdivision 1. **Requirements.** To be eligible for certification by the board as an EMT, AEMT, or paramedic, an individual shall:

- (1) successfully complete the United States Department of Transportation course, or its equivalent as approved by the board, specific to the EMT, AEMT, or paramedic classification;
- (2) pass the written and practical examinations approved by the board and administered by the board or its designee, specific to the EMT, AEMT, or paramedic classification; and
- (3) complete a board-approved application form.

Subd. 2. **Expiration dates.** Certification expiration dates are as follows:

- (1) for initial certification granted between January 1 and June 30 of an even-numbered year, the expiration date is March 31 of the next even-numbered year;
- (2) for initial certification granted between July 1 and December 31 of an even-numbered year, the expiration date is March 31 of the second odd-numbered year;
- (3) for initial certification granted between January 1 and June 30 of an odd-numbered year, the expiration date is March 31 of the next odd-numbered year; and
- (4) for initial certification granted between July 1 and December 31 of an odd-numbered year, the expiration date is March 31 of the second even-numbered year.

Subd. 3. **Reciprocity.** The board may certify an individual who possesses a current National Registry of Emergency Medical Technicians registration from another jurisdiction if the individual submits a board-approved application form. The board certification classification shall be the same as the National Registry's classification. Certification shall be for the duration of the applicant's registration period in another jurisdiction, not to exceed two years.

Subd. 4. **Forms of disciplinary action.** When the board finds that a person certified under this section has violated a provision or provisions of subdivision 5, it may do one or more of the following:

- (1) revoke the certification;
- (2) suspend the certification;
- (3) refuse to renew the certification;
- (4) impose limitations or conditions on the person's performance of regulated duties, including the imposition of retraining or rehabilitation requirements; the requirement to work under supervision; or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence;
- (5) order the person to provide unremunerated professional service under supervision at a designated public hospital, clinic, or other health care institution; or
- (6) censure or reprimand the person.

Subd. 5. **Denial, suspension, revocation.** (a) The board may deny certification or take any action authorized in subdivision 4 against an individual who the board determines:

(1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, or an order that the board issued or is otherwise authorized or empowered to enforce, or agreement for corrective action;

(2) misrepresents or falsifies information on an application form for certification;

(3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol;

(4) is actually or potentially unable to provide emergency medical services with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical condition;

(5) engages in unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public or demonstrating a willful or careless disregard for the health, welfare, or safety of the public;

(6) maltreats or abandons a patient;

(7) violates any state or federal controlled substance law;

(8) engages in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;

(9) provides emergency medical services under lapsed or nonrenewed credentials;

(10) is subject to a denial, corrective, disciplinary, or other similar action in another jurisdiction or by another regulatory authority;

(11) engages in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or

(12) makes a false statement or knowingly provides false information to the board or fails to cooperate with an investigation of the board as required by section 144E.30.

(b) Before taking action under paragraph (a), the board shall give notice to an individual of the right to a contested case hearing under chapter 14. If an individual requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14 and no disciplinary action shall be taken at that time.

(c) The administrative law judge shall issue a report and recommendation within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

(d) After six months from the board's decision to deny, revoke, place conditions on, or refuse renewal of an individual's certification for disciplinary action, the individual shall have the opportunity to apply to the board for reinstatement.

**Subd. 6. Temporary suspension.** (a) In addition to any other remedy provided by law, the board may temporarily suspend the certification of an individual after conducting a preliminary inquiry to determine whether the board believes that the individual has violated a statute or rule that the board is empowered to

enforce and determining that the continued provision of service by the individual would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting an individual from providing emergency medical care shall give notice of the right to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry of the temporary suspension order.

(c) Service of a temporary suspension order is effective when the order is served on the individual personally or by certified mail, which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the individual.

(d) At the time the board issues a temporary suspension order, the board shall schedule a hearing, to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for a hearing from the individual, whichever is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this paragraph is not subject to chapter 14.

(e) Evidence presented by the board or the individual may be in the form of an affidavit. The individual or individual's designee may appear for oral argument.

(f) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, notify the individual of the right to a contested case hearing under chapter 14.

(g) If an individual requests a contested case hearing within 30 days of receiving notice under paragraph (f), the board shall initiate a contested case hearing according to chapter 14. The administrative law judge shall issue a report and recommendation within 30 days after the closing of the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

**Subd. 7. Renewal.** (a) Before the expiration date of certification, an applicant for renewal of certification as an EMT shall:

(1) successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director;

(2) take the United States Department of Transportation EMT refresher course and successfully pass the practical skills test portion of the course, or successfully complete 48 hours of continuing education in EMT programs that are consistent with the United States Department of Transportation National EMS Education Standards or its equivalent as approved by the board or as approved by the licensee's medical director and pass a practical skills test approved by the board and administered by an education program approved by the board. The cardiopulmonary resuscitation course and practical skills test may be included as part of the refresher course or continuing education renewal requirements; and

(3) complete a board-approved application form.

(b) Before the expiration date of certification, an applicant for renewal of certification as an AEMT or paramedic shall:

(1) for an AEMT, successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director and for a paramedic, successfully complete a course in advanced cardiac life support that is approved by the board or the licensee's medical director;

(2) successfully complete 48 hours of continuing education in emergency medical training programs, appropriate to the level of the applicant's AEMT or paramedic certification, that are consistent with the United States Department of Transportation National EMS Education Standards or its equivalent as approved by the board or as approved by the licensee's medical director. An applicant may take the United States Department of Transportation Emergency Medical Technician refresher course or its equivalent without the written or practical test as approved by the board, and as appropriate to the applicant's level of certification, as part of the 48 hours of continuing education. Each hour of the refresher course, the cardiopulmonary resuscitation course, and the advanced cardiac life-support course counts toward the 48-hour continuing education requirement; and

(3) complete a board-approved application form.

(c) Certification shall be renewed every two years.

(d) If the applicant does not meet the renewal requirements under this subdivision, the applicant's certification expires.

Subd. 8. **Reinstatement.** (a) Within four years of a certification expiration date, a person whose certification has expired under subdivision 7, paragraph (d), may have the certification reinstated upon submission of:

(1) evidence to the board of training equivalent to the continuing education requirements of subdivision 7; and

(2) a board-approved application form.

(b) If more than four years have passed since a certificate expiration date, an applicant must complete the initial certification process required under subdivision 1.

Subd. 9. **Community paramedics.** (a) To be eligible for certification by the board as a community paramedic, an individual shall:

(1) be currently certified as a paramedic and have two years of full-time service as a paramedic or its part-time equivalent;

(2) successfully complete a community paramedic education program from a college or university that has been approved by the board or accredited by a board-approved national accreditation organization. The education program must include clinical experience that is provided under the supervision of an ambulance medical director, advanced practice registered nurse, physician assistant, or public health nurse operating under the direct authority of a local unit of government; and

(3) complete a board-approved application form.

(b) A community paramedic must practice in accordance with protocols and supervisory standards established by an ambulance service medical director in accordance with section 144E.265. A community paramedic may provide services as directed by a patient care plan if the plan has been developed by the patient's primary physician or by an advanced practice registered nurse or a physician assistant, in conjunction with the ambulance service medical director and relevant local health care providers. The care plan must ensure that the services provided by the community paramedic are consistent with the services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient.



Subd. 10. EMS Driver. To be eligible for certification by the board as an EMS Driver, an individual shall:

- (1) Meet the driver requirements as outlined in 144E.101Subd. 10.
- (2) Follow the personnel roster and files as outlined in 144E.101 Subd. 11
- (3) successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director;
- (4) Successfully completed a basic first aid training program, receives training by the agency to orient the driver to ambulance operations that supports the work of EMT, AEMT, or Paramedic.
- (5) Basic first aid programs shall be approved by the board or the licensee's medical director;
- (6)Renewal. Before the expiration date of certification, an applicant for renewal of certification as a Driver shall:
  - a, complete a Board-approved application form.
  - b, show proof of a basic first aid renewal, or at least 20-hours of continuing medical education over the certification period.
  - c, show proof of current cardiopulmonary resuscitation certification
- (7) This paragraph applies only to an ambulance service whose primary service area is mainly located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud. Metropolitan agencies may apply for a variance to allow Drives, and shall be at the discretion of the Board.
- (8) Drivers shall not perform any advanced skills. Driver may assist others certified under 144E, set up equipment, but shall not perform skill that require a variance or advance skills training.
- (9) Ambulance agencies may not utilize an EMR and Driver as a primary ambulance crew. Drivers may work with an EMT, AEMT, or paramedic only.

(c) A community paramedic is subject to all certification, disciplinary, complaint, renewal, and other regulatory requirements that apply to paramedics under this chapter. In addition to the renewal requirements in subdivision 7, a community paramedic must complete an additional 12 hours of continuing education in clinical topics approved by the ambulance service medical director.

**History:** 1999 c 245 art 9 s 37; 2000 c 313 s 2,3; 2005 c 147 art 10 s 6-9; 2011 c 12 s 2; 2012 c 193 s 33-36; 2013 c 18 s 1

## **Emergency Medical Service Regulatory Board**

### **Legislative Workgroup: Suggested Updates to MN Statutes Chapter 144E and Rules Chapter 4690**

*Note: all suggested language is meant to convey the intent of the workgroup and will likely need to be reworded to meet legislative requirements.*

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#### **Item 1 - A**

**Statute 144E.001, Subdivision 4:** Base of operations. "Base of operations" means the address at which the physical plant housing ambulances, related equipment, and personnel is located.

*Add the following language:*

"The base of operations must be a physical structure capable of housing at least one ambulance, in a climate-controlled environment, as stipulated by the licensee's deployment plan. The base of operations must also be the official "location of record" for the licensee and shall be the location where a representative of the licensee may be contacted. The base of operations must also be the place where the license application and inspection records are kept, either {hard copy} or electronically, and where the license is posted."

Additional language that could be added includes that from the Base of Operations workgroup report, which includes:

- A building capable of housing one or more ambulances, where if out of service, they are protected from extremes of weather.
- A place where staff report to work.
- A place where staff are housed.
- A place where supplies are kept.
- A place where the EMSRB license is kept (mentioned above).
- A building where regulatory legacy files are stored, i.e., complaints, schedules, license applications, etc.
- A place that the public recognizes as the official location of the ambulance service.
- A place where someone responsible for the ambulance service might be found.

*Alternatively, the suggested language could be added elsewhere in 144E or to the rules chapter as appropriate, such as Rule 4690.0200, Subpart 1.B.*

#### **Item 1 – B**

**Rule 4690.0100 Subpart 3:** *consider a similar change as above or delete this definition (unless there is a legal requirement to have it in rules and statute).*

**Emergency Medical Service Regulatory Board**

**Legislative Workgroup: Suggested Updates to MN Statutes Chapter 144E and Rules Chapter 4690**

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**Item 1 – C**

**Rule 4690.0100 Subpart 7:** Change of base of operation. "Change of base of operation" means the relocation of vehicles, related equipment, and personnel housed at one location to another location ~~such that it is no longer possible for the service making the change to meet the conditions of its license regarding its designated primary service area.~~

*Strike the language as shown above. There are numerous reasons for a change in base of operations, many of which would not adversely affect the licensee's ability to "meet the conditions of its license."*

**Item 1 – D**

**Statute 144E.11, Subdivision 5:** (d) If the applicant's ~~base of operation~~ place of business is located outside of Minnesota, the hearing shall be held at a location within the area in which service would be provided in Minnesota. The public hearing shall be conducted as a contested case hearing under chapter 14. The board shall pay the expenses for the hearing location and the administrative law judge.

*Change language as shown above, as "base of operations" as used here implies a service could have a base of operations outside the state.*

**Item 1 – E**

*No proposed or suggested changes to **4690.0100, Subpart 33:** Substation.*

## Emergency Medical Service Regulatory Board

### Legislative Workgroup: Suggested Updates to MN Statutes Chapter 144E and Rules Chapter 4690

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#### **Item 2 – A**

**Statute 144E.16, Subdivision 4:** Rules The board may adopt rules needed to regulate ambulance services in the following areas:

*Add the following to this subdivision:*

(16) performance standards related to the delivery of ambulance service by the licensee

#### **Item 2 – B**

The above addition to statute would require additional rules to be drafted and placed into law. Suggested language might be:

- The board may establish response time standards, to include but not limited to averages and fractile times, based on reasonable drive times. [In other words, the board may establish average and fractile response time standards based on the travel time from the base of operations to the farthest areas of the service area, such that a licensee would not have to meet an urban-based response time in a remote area. These response time standards could be based on ever-increasing drive-time radii].
- The board may establish other performance standards as needed, based on complaints or concerns by citizens, municipalities, etc.
- Based on [formal complaints], the board may require the system director to establish outcome metrics and/or compliance metrics; publish those standards; and report compliance to those standards. [In other words, the board may direct the service director to establish performance metrics to which system personnel are required to adhere. The service must post those metrics then publicly report on compliance].
- Based on [formal complaints], the board may establish other standards as recommended by the MDSAC in order to improve the performance of a licensee. [In other words, a system that has had a series of complaints against it by members of the public, or employees, or local municipalities, or others (as defined) may be required to measure and report on performance standards as established by the medical directors' standing advisory committee. This would be a "fail-safe" for systems that may have repetitive complaints, but a "one size fits all" solution would not be appropriate for the service. As an example, a local municipality files several complaints about the local ambulance service related to the service's care of persons with major trauma, and the complaints reflect a standard of care inconsistent with the service's patient care guidelines. The MDSAC might direct the service's medical director to establish some agreed-to basic compliance metrics, then regularly report on compliance and performance to board staff].

In any instance of establishing performance standards, the board must consider:

- The potential or actual cost to the service and whether the standard would have a deleterious effect on the licensee and its ability to provide EMS service.

## **Emergency Medical Service Regulatory Board**

### **Legislative Workgroup: Suggested Updates to MN Statutes Chapter 144E and Rules Chapter 4690**

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- The board should have the authority to mediate, or pass along to an external mediator or administrative law judge, a cost-versus-benefit claim of local rules and/or ordinances, or in cases where performance standards required by the board are deemed too costly or onerous to the licensee.
- Any rule or statute change regarding performance standards must include a provision that services may establish their own performance standards, more stringent than those established by the state, and the service may pass along the associated costs to its customers.

## **Emergency Medical Service Regulatory Board**

### **Legislative Workgroup: Suggested Updates to MN Statutes Chapter 144E and Rules Chapter 4690**

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#### **Other items for consideration**

**Ambulance services from outside the state of Minnesota:** *Consider adding a clause exempting (from 144E and 4690) ambulance services not owned or operated by an entity in the state, for example, an ambulance service transporting a patient into the state from another state, or transporting a patient through Minnesota, or responding to Minnesota as a mutual aid provider, either as “day-to-day” mutual aid or under a disaster declaration. The owner/operator must, however, meet the requirements of its licensing state. I propose this language because in strict language of statute and rules, an ambulance owned/operated by an entity external to the state cannot operate an ambulance in the state, for example as per 144E.101, Subdivision 1.*

**Contractors or vendors providing ambulance service to a licensee** (defined as the “owner” of the primary service area, e.g., the ALF JPA and Allina): *Consider adding language that the requirements of 144E and 4690 are “passed along” to the contractor/vendor, but that the license holder can still receive a correction order and/or fine. (Whether they choose to pass that along to the contractor or vendor would be determined by any contract). I propose the language because in strict language of statute and rules, a contractor or vendor is not explicitly mentioned as needing to meet the requirements of 144E and 4690.*

**Correction orders and fines:** *modernize the statutes regarding correction orders and fines. Perhaps add language regarding repetitive offenses, repetitive fines, escalating fines, etc.*

1.1 A bill for an act  
1.2 relating to health; requiring emergency medical services for injured police dogs;  
1.3 amending Minnesota Statutes 2020, section 144E.001, subdivision 3, by adding a  
1.4 subdivision; proposing coding for new law in Minnesota Statutes, chapter 144E.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2020, section 144E.001, subdivision 3, is amended to read:

1.7 Subd. 3. **Ambulance service.** "Ambulance service" means transportation and treatment  
1.8 ~~which~~ that is rendered or offered to be rendered preliminary to or during transportation to,  
1.9 from, or between: (1) health care facilities for ill or injured persons or expectant mothers;  
1.10 or (2) veterinary care facilities for injured police dogs. The term includes all transportation  
1.11 involving the use of a stretcher, unless the person to be transported is not likely to require  
1.12 medical treatment during the course of transport.

1.13 Sec. 2. Minnesota Statutes 2020, section 144E.001, is amended by adding a subdivision  
1.14 to read:

1.15 Subd. 9e. **Police dog.** "Police dog" means a dog owned by a police department or law  
1.16 enforcement agency of the state, or any political subdivision thereof, that is used by the  
1.17 department or agency for official duties.

1.18 Sec. 3. [144E.60] POLICE DOG EMERGENCY TREATMENT.

1.19 (a) Ambulance service personnel must provide emergency treatment to a police dog  
1.20 injured in the line of duty and ambulance service to a veterinary care facility equipped to  
1.21 provide emergency treatment to dogs.



2.1 (b) Notwithstanding paragraph (a), ambulance service personnel must not provide  
2.2 emergency treatment or ambulance service to an injured police dog if the emergency  
2.3 treatment or ambulance service would inhibit the ambulance service personnel's ability to  
2.4 provide emergency treatment or ambulance service to a person requiring the ambulance  
2.5 service personnel's services.

2.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

2.7 **Sec. 4. [144E.61] LIABILITY FOR POLICE DOG EMERGENCY TREATMENT.**

2.8 Ambulance service personnel are not personally liable for:

2.9 (1) providing services under section 144E.60 if the services were provided in good faith,  
2.10 within the scope of the ambulance service personnel's authority, and did not constitute  
2.11 willful or reckless misconduct; or

2.12 (2) veterinary care facility expenses resulting from ambulance services provided under  
2.13 section 144E.60.

2.14 **EFFECTIVE DATE.** This section is effective July 1, 2022.

2.15 **Sec. 5. POLICE DOG EMERGENCY TREATMENT IMPLEMENTATION.**

2.16 The Emergency Medical Services Regulatory Board, in consultation with the Board of  
2.17 Veterinarian Medicine and the Minnesota State Patrol K-9 unit, must develop policies and  
2.18 procedures to implement Minnesota Statutes, section 144E.60, including but not limited to:

2.19 (1) appropriate training of ambulance service personnel to provide police dogs basic life  
2.20 support, including administering naloxone;

2.21 (2) safe handling procedures for injured police dogs, including using a box muzzle and  
2.22 response coordination with a law enforcement official trained in handling police dogs;

2.23 (3) identification of veterinary facilities that provide emergency treatment for injured  
2.24 dogs;

2.25 (4) decontamination of stretchers, the patient compartment, and any contaminated medical  
2.26 equipment after a police dog has been provided ambulance services; and

2.27 (5) sterilization of the interior of an ambulance before being returned to human service,  
2.28 including but not limited to sanitizing all allergens and disinfection to a standard safe for  
2.29 human transport.

2.30 **EFFECTIVE DATE.** This section is effective the day following final enactment.

#### **144E.19 DISCIPLINARY ACTION:**

~~Subdivision 1. **Suspension; revocation; nonrenewal.** The board may suspend, revoke, refuse to renew, or place conditions on the license of a licensee upon finding that the licensee has violated a provision of this chapter or rules adopted under this chapter or has ceased to provide the service for which the licensee is licensed.~~

~~Subd. 2. **Notice; contested case.** (a) Before taking action under subdivision 1, the board shall give notice to a licensee of the right to a contested case hearing under chapter 14. If a licensee requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14.~~

~~(b) The administrative law judge shall issue a report and recommendation within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.~~

~~Subd. 3. **Temporary suspension.** (a) In addition to any other remedy provided by law, the board may temporarily suspend the license of a licensee after conducting a preliminary inquiry to determine whether the board believes that the licensee has violated a statute or rule that the board is empowered to enforce and determining that the continued provision of service by the licensee would create an imminent risk to public health or harm to others.~~

~~(b) A temporary suspension order prohibiting a licensee from providing ambulance service shall give notice of the right to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry of the temporary suspension order.~~

~~(c) Service of a temporary suspension order is effective when the order is served on the licensee personally or by certified mail, which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the licensee.~~

~~(d) At the time the board issues a temporary suspension order, the board shall schedule a hearing, to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for a hearing from a licensee, whichever is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this paragraph is not subject to chapter 14.~~

~~(e) Evidence presented by the board or licensee may be in the form of an affidavit. The licensee or the licensee's designee may appear for oral argument.~~

~~(t) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, notify the licensee of the right to a contested case hearing under chapter 14.~~

~~(g) If a licensee requests a contested case hearing within 30 days after receiving notice under paragraph (t), the board shall initiate a contested case hearing according to chapter 14. The administrative law judge shall issue a report and recommendation within 30 days after the closing of the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.~~

#### **144E.27 EDUCATION PROGRAMS; BOARD APPROVAL**

~~Subd. 5. **Denial, suspension, revocation.** (a) The board may deny, suspend, revoke, place conditions on, or refuse to renew the registration of an individual who the board determines:~~

~~(1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, an agreement for corrective action, or an order that the board issued or is otherwise empowered to enforce;~~

~~(2) misrepresents or falsifies information on an application form for registration;~~

~~(3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol;~~

~~(4) is actually or potentially unable to provide emergency medical services with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical condition;~~

~~(5) engages in unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of the public;~~

~~(6) maltreats or abandons a patient;~~

~~(7) violates any state or federal controlled substance law;~~

~~(8) engages in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;~~

~~(9) provides emergency medical services under lapsed or nonrenewed credentials;~~

~~(10) is subject to a denial, corrective, disciplinary, or other similar action in another jurisdiction or by another regulatory authority;~~

~~(11) engages in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or~~

~~(12) makes a false statement or knowingly provides false information to the board, or fails to cooperate with an investigation of the board as required by section 144E.30.~~

~~(b) Before taking action under paragraph (a), the board shall give notice to an individual of the right to a contested case hearing under chapter 14. If an individual requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14.~~

~~(c) The administrative law judge shall issue a report and recommendation within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.~~

~~(d) After six months from the board's decision to deny, revoke, place conditions on, or refuse renewal of an individual's registration for disciplinary action, the individual shall have the opportunity to apply to the board for reinstatement.~~

~~Subd. 6. **Temporary suspension.** (a) In addition to any other remedy provided by law, the board may temporarily suspend the registration of an individual after conducting a preliminary inquiry to determine whether the board believes that the individual has violated a statute or rule that the board is empowered to enforce and determining that the continued provision of service by the individual would create an imminent risk to public health or harm to others.~~

~~(b) A temporary suspension order prohibiting an individual from providing emergency medical care shall give notice of the right to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry of the temporary suspension order.~~

~~(c) Service of a temporary suspension order is effective when the order is served on the individual personally or by certified mail, which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the individual.~~

~~(d) At the time the board issues a temporary suspension order, the board shall schedule a hearing, to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for a hearing from the individual, whichever is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this paragraph is not subject to chapter 14.~~

~~(e) Evidence presented by the board or the individual may be in the form of an affidavit. The individual or the individual's designee may appear for oral argument.~~

~~(f) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, notify the individual of the right to a contested case hearing under chapter 14.~~

~~(g) If an individual requests a contested case hearing within 30 days after receiving notice under paragraph (f), the board shall initiate a contested case hearing according to chapter 14. The administrative law judge shall issue a report and recommendation within 30 days after the closing of the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.~~

**History:** 1997 c 199 s 13; 1999 c 245 art 9 s 35,36; 2004 c 144 s 3,4; 2005 c 147 art JO s 5; 2012 c 193 s 27-31; 2013 c 13 s 3,4

## 144E.28 CERTIFICATION OF EMT, AEMT, AND PARAMEDIC

**Subd. 4. Forms of disciplinary action.** When the board finds that a person certified under this section has violated a provision or provisions of subdivision 5, it may do one or more of the following:

(1) revoke the certification;

(2) suspend the certification;

(3) refuse to renew the certification;

(4) impose limitations or conditions on the person's performance of regulated duties, including the imposition of retraining or rehabilitation requirements; the requirement to work under supervision; or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence;

(5) order the person to provide unremunerated professional service under supervision at a designated public hospital, clinic, or other health care institution; or

(6) censure or reprimand the person.

**Subd. 5. Denial, suspension, revocation.** (a) The board may deny certification or take any action authorized in subdivision 4 against an individual who the board determines:

(1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, or an order that the board issued or is otherwise authorized or empowered to enforce, or agreement for corrective action;

(2) misrepresents or falsifies information on an application form for certification;

(3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol;

(4) is actually or potentially unable to provide emergency medical services with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result

of any mental or physical condition;

~~(5) engages in unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public or demonstrating a willful or careless disregard for the health, welfare, or safety of the public;~~

~~(6) maltreats or abandons a patient;~~

~~(7) violates any state or federal controlled substance law;~~

~~(8) engages in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;~~

~~(9) provides emergency medical services under lapsed or nonrenewed credentials;~~

~~(10) is subject to a denial, corrective, disciplinary, or other similar action in another jurisdiction or by another regulatory authority;~~

~~(11) engages in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or~~

~~(12) makes a false statement or knowingly provides false information to the board or fails to cooperate with an investigation of the board as required by section 144E.30.~~

~~(b) Before taking action under paragraph (a), the board shall give notice to an individual of the right to a contested case hearing under chapter 14. If an individual requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14 and no disciplinary action shall be taken at that time.~~

~~(c) The administrative law judge shall issue a report and recommendation within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.~~

~~(d) After six months from the board's decision to deny, revoke, place conditions on, or refuse renewal of an individual's certification for disciplinary action, the individual shall have the opportunity to apply to the board for reinstatement.~~

**Subd. 6. Temporary suspension.** ~~(a) In addition to any other remedy provided by law, the board may temporarily suspend the certification of an individual after conducting a preliminary inquiry to determine whether the board believes that the individual has violated a statute or rule that the board is empowered to enforce and determining that the continued provision of service by the individual would create an imminent risk to public health or harm to others.~~

~~(b) A temporary suspension order prohibiting an individual from providing emergency medical care shall give notice of the right to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry of the temporary suspension order.~~

~~(c) Service of a temporary suspension order is effective when the order is served on the individual personally or by certified mail, which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the individual.~~

~~(d) At the time the board issues a temporary suspension order, the board shall schedule a hearing, to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for a hearing from the individual, whichever is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this~~

paragraph is not subject to chapter 14.

(e) Evidence presented by the board or the individual may be in the form of an affidavit. The individual or individual's designee may appear for oral argument.

(f) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, notify the individual of the right to a contested case hearing under chapter 14.

(g) If an individual requests a contested case hearing within 30 days of receiving notice under paragraph (f), the board shall initiate a contested case hearing according to chapter 14. The administrative law judge shall issue a report and recommendation within 30 days after the closing of the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

## 144E.285 EDUCATION PROGRAMS

**Subd. 5. Disciplinary action.** (a) The board may deny, suspend, revoke, place conditions on, or refuse to renew approval of an education program that the board determines:

(1) — violated subdivisions 1 to 4 or rules adopted under sections 144E.001 to 144E.33; or

(2) — misrepresented or falsified information on an application form provided by the board.

(b) Before taking action under paragraph (a), the board shall give notice to an education program of the right to a contested case hearing under chapter 14. If an education program requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14.

(c) The administrative law judge shall issue a report and recommendation within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

(d) After six months from the board's decision to deny, revoke, place conditions on, or refuse approval of an education program for disciplinary action, the education program shall have the opportunity to apply to the board for reapproval.

**Subd. 6. Temporary suspension.** (a) In addition to any other remedy provided by law, the board may temporarily suspend approval of the education program after conducting a preliminary inquiry to determine whether the board believes that the education program has violated a statute or rule that the board is empowered to enforce and determining that the continued provision of service by the education program would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting the education program from providing emergency medical care training shall give notice of the right to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry of the temporary suspension order.

(c) Service of a temporary suspension order is effective when the order is served on the education program personally or by certified mail, which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the education program.

(d) At the time the board issues a temporary suspension order, the board shall schedule a hearing, to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for a hearing from the education program, whichever is sooner. The hearing shall be on the sole issue of

~~whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this paragraph is not subject to chapter 14.~~

~~(e) Evidence presented by the board or the individual may be in the form of an affidavit. The education program or counsel of record may appear for oral argument.~~

~~(f) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, notify the education program of the right to a contested case hearing under chapter 14.~~

~~(g) If an education program requests a contested case hearing within 30 days of receiving notice under paragraph (f), the board shall initiate a contested case hearing according to chapter 14. The administrative law judge shall issue a report and recommendation within 30 days after the closing of the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.~~

## PENALTIES; REVIEW

### 144E.30 GROUNDS FOR DENIAL OF LICENSURE OR DISCIPLINE; INVESTIGATION PROCEDURES; DISCIPLINARY ACTION; COOPERATION; BOARD POWERS.

Subdivision 1. [Repealed, 1999 c 245 art 9 s 66]

Subd. 2. [Repealed, 1999 c 245 art 9 s 66]

Subdivision 3. **Grounds for denial of licensure or discipline.** The board may deny, approve with conditions, or may discipline a licensee, education program, or individual using any disciplinary actions listed in subdivision 5 on proof that the licensee, education program, or individual:

(1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, an agreement for corrective action, or an order that the board issued or is otherwise empowered to enforce;

(2) misrepresents or falsifies information on an application form for license, certification, or registration;

(3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol;

(4) is actually or potentially unable to provide emergency medical services with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical condition;

(5) engages in unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of the public;

(6) maltreats or abandons a patient;

(7) violates any state or federal controlled substance law;

(8) engages in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;

(9) provides emergency medical services under lapsed or nonrenewed credentials;

(10) is subject to a denial, corrective, disciplinary, or other similar action in another jurisdiction or by another regulatory authority;

(11) engages in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or

(12) makes a false statement or knowingly provides false information to the board, or fails to cooperate with an investigation of the board as required by section 144E.30.

(a) Before taking action under paragraph (a), the board shall give notice to a licensee or individual of the right to a contested case hearing under chapter 14. If an individual requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14.

(b) The administrative law judge shall issue a report and recommendation within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.



(c) After six months from the board's decision to deny, revoke, place conditions on, or refuse renewal of an individual's registration for disciplinary action, the individual shall have the opportunity to apply to the board for reinstatement.

**Subdivision 4. Investigation of complaints.** The board may initiate an investigation upon receiving a complaint or other oral or written communication that alleges or implies that a person has violated sections 144E.001 to 144E.33. In the receipt, investigation, and hearing of a complaint that alleges or implies a person has violated sections 144E, the board must follow the procedures in sections 214.10 and 214.103.

**Subdivision 5. Disciplinary Action** When the board finds that a license or person certified under this section has violated a provision or provisions of subdivision 5, it may do one or more of the following:

- (1) revoke the certification;
- (2) suspend the certification;
- (3) refuse to renew the certification;
- (4) impose limitations or conditions on the person's performance of regulated duties, including the imposition of retraining or rehabilitation requirements; the requirement to work under supervision; or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence;
- (5) order the person to provide unremunerated professional service under supervision at a designated public hospital, clinic, or other health care institution; or
- (6) censure or reprimand the person.

Subd. 6. [Repealed, 1999 c 245 art 9 s 66]

**Subd. 7. Temporary suspension.** (a) In addition to any other remedy provided by law, the board may temporarily suspend the certification of an individual after conducting a preliminary inquiry to determine whether the board believes that the individual has violated a statute or rule that the board is empowered to enforce and determining that the continued provision of service by the individual would create an imminent risk to public health or harm to others.

- (b) A temporary suspension order prohibiting an individual from providing emergency medical care shall give notice of the right to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry of the temporary suspension order.
- (c) Service of a temporary suspension order is effective when the order is served on the individual personally or by certified mail, which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the individual.
- (d) At the time the board issues a temporary suspension order, the board shall schedule a hearing, to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for a hearing from the individual, whichever is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this paragraph is not subject to chapter 14.
- (e) Evidence presented by the board or the individual may be in the form of an affidavit. The individual or individual's designee may appear for oral argument.
- (f) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, notify the individual of the right to a contested case hearing under chapter 14.

- (g) If an individual requests a contested case hearing within 30 days of receiving notice under paragraph (f), the board shall initiate a contested case hearing according to chapter 14. The administrative law judge shall issue a report and recommendation within 30 days after the closing of the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

**Subd. 8. Cooperation during investigation.** A licensee, person credentialed by the board, education program approved by the board, or agent of one who is the subject of an investigation or who is questioned in connection with an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation, executing all releases requested by the board, providing copies of ambulance service records, as reasonably requested by the board to assist it in its investigation, and appearing at conferences or hearings scheduled by the board. The board shall pay reasonable costs for copies requested.

**Subd. 9. Injunctive relief.** In addition to any other remedy provided by law, the board may bring an action for injunctive relief in the district court in Hennepin County or, at the board's discretion, in the district court in the county in which a violation of any statute, rule, or order that the board is empowered to enforce or issue, has occurred, to enjoin the violation.

**Subd. 10. Subpoena power.** The board may, as part of an investigation to determine whether a serious public health threat exists, issue subpoenas to require the attendance and testimony of witnesses and production of books, records, correspondence, and other information relevant to any matter involved in the investigation. The board or the board's designee may administer oaths to witnesses or take their affirmation. The subpoenas may be served upon any person named therein anywhere in the state by any person authorized to serve subpoenas or other processes in civil actions of the district courts. If a person to whom a subpoena is issued does not comply with the subpoena, the board may apply to the district court in any district and the court shall order the person to comply with the subpoena. Failure to obey the order of the court may be punished by the court as contempt of court. No person may be compelled to disclose privileged information as described in section 595.02, subdivision 1. All information pertaining to individual medical records obtained under this section shall be considered health data under section 13.3805, subdivision 1. All other information is considered public data unless otherwise protected under the Minnesota Data Practices Act or other specific law. The fees for the service of a subpoena must be paid in the same manner as prescribed by law for service of process used out of a district court. Subpoenaed witnesses must receive the same fees and mileage as incivil actions.

**History:** 1997 c 199 s 12; 1999 c 227 s 22; 2012 c 193 s 41

**SENATE**  
**STATE OF MINNESOTA**  
**NINETY-SECOND SESSION**

**S.F. No. 1148**

(SENATE AUTHORS: LANG and Draheim)

DATE	D-PG	OFFICIAL STATUS
02/18/2021	453	Introduction and first reading
		Referred to Health and Human Services Finance and Policy
03/24/2021	1156	Author added Draheim

1.1 A bill for an act

1.2 relating to health; modifying certification requirements for certain occupations

1.3 regulated by the Emergency Medical Services Regulatory Board; modifying

1.4 requirements for education programs and education program primary instructors;

1.5 amending Minnesota Statutes 2020, sections 144E.001, by adding a subdivision;

1.6 144E.27, subdivisions 2, 3; 144E.28, subdivisions 1, 3, 7, 8; 144E.283; 144E.285,

1.7 subdivisions 1, 2, 4, by adding subdivisions; repealing Minnesota Statutes 2020,

1.8 section 144E.27, subdivisions 1, 1a.

1.9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.10 Section 1. Minnesota Statutes 2020, section 144E.001, is amended by adding a subdivision

1.11 to read:

1.12 Subd. 16. **Education program primary instructor or primary instructor.** "Education

1.13 program primary instructor" or "primary instructor" means an individual, as approved by

1.14 the board, who serves as the lead instructor of an emergency medical care initial certification

1.15 course and who is responsible for planning or conducting the course according to the most

1.16 current version of the National EMS Education Standards by the NHTSA, United States

1.17 Department of Transportation.

1.18 Sec. 2. Minnesota Statutes 2020, section 144E.27, subdivision 2, is amended to read:

1.19 Subd. 2. **Registration.** To be eligible for registration with the board as an emergency

1.20 medical responder, an individual shall ~~complete a board-approved application form and:~~

1.21 (1) ~~successfully complete a board-approved initial emergency medical responder~~

1.22 ~~education program. Registration under this clause is valid for two years and expires on~~

1.23 ~~October 31~~ the United States Department of Transportation course, or its equivalent as

1.24 approved by the board, specific to the emergency medical responder classification; or

2.1 (2) be credentialed as an emergency medical responder by the National Registry of  
 2.2 Emergency Medical Technicians. ~~Registration under this clause expires the same day as~~  
 2.3 ~~the National Registry credential;~~ and

2.4 (3) complete a board-approved application form.

2.5 Sec. 3. Minnesota Statutes 2020, section 144E.27, subdivision 3, is amended to read:

2.6 Subd. 3. **Renewal.** (a) The board may renew the registration of an emergency medical  
 2.7 responder who:

2.8 (1) successfully completes a board-approved refresher course; ~~and~~

2.9 (2) successfully completes a course in cardiopulmonary resuscitation approved by the  
 2.10 board or the licensee's medical director; and

2.11 ~~(2)~~ (3) submits a completed renewal application to the board before the registration  
 2.12 expiration date.

2.13 (b) The board may renew the lapsed registration of an emergency medical responder  
 2.14 who:

2.15 (1) successfully completes a board-approved refresher course; ~~and~~

2.16 (2) successfully completes a course in cardiopulmonary resuscitation approved by the  
 2.17 board or the licensee's medical director; and

2.18 ~~(2)~~ (3) submits a completed renewal application to the board within 12 months after the  
 2.19 registration expiration date.

2.20 Sec. 4. Minnesota Statutes 2020, section 144E.28, subdivision 1, is amended to read:

2.21 Subdivision 1. **Requirements.** To be eligible for certification by the board as an EMT,  
 2.22 AEMT, or paramedic, an individual shall:

2.23 (1) successfully complete the United States Department of Transportation course, or its  
 2.24 equivalent as approved by the board, specific to the EMT, AEMT, or paramedic classification;

2.25 ~~(2) pass the written and practical examinations approved by the board and administered~~  
 2.26 ~~by the board or its designee;~~ obtain National Registry of Emergency Medical Technicians  
 2.27 certification specific to the EMT, AEMT, or paramedic classification; and

2.28 (3) complete a board-approved application form.

3.1 Sec. 5. Minnesota Statutes 2020, section 144E.28, subdivision 3, is amended to read:

3.2 Subd. 3. **Reciprocity.** The board may certify an individual who possesses a current  
 3.3 National Registry of Emergency Medical Technicians ~~registration~~ certification from another  
 3.4 jurisdiction if the individual submits a board-approved application form. The board  
 3.5 certification classification shall be the same as the National Registry's classification.  
 3.6 Certification shall be for the duration of the applicant's ~~registration~~ certification period in  
 3.7 another jurisdiction, not to exceed two years.

3.8 Sec. 6. Minnesota Statutes 2020, section 144E.28, subdivision 7, is amended to read:

3.9 Subd. 7. **Renewal.** (a) Before the expiration date of certification, an applicant for renewal  
 3.10 of certification as an EMT shall:

3.11 (1) successfully complete a course in cardiopulmonary resuscitation that is approved by  
 3.12 the board or the licensee's medical director;

3.13 (2) ~~take the United States Department of Transportation EMT refresher course and~~  
 3.14 ~~successfully pass the practical skills test portion of the course, or successfully complete 48~~  
 3.15 ~~hours of continuing education in EMT programs that are consistent with the United States~~  
 3.16 ~~Department of Transportation National EMS Education Standards or its equivalent as~~  
 3.17 ~~approved by the board or as approved by the licensee's medical director and pass a practical~~  
 3.18 ~~skills test approved by the board and administered by an education program approved by~~  
 3.19 ~~the board. The cardiopulmonary resuscitation course and practical skills test may be included~~  
 3.20 ~~as part of the refresher course or continuing education renewal requirements; and~~ satisfy  
 3.21 one of the following requirements:

3.22 (i) maintain National Registry of Emergency Medical Technicians certification following  
 3.23 the requirements of the National Continued Competency Program, or its equivalent as  
 3.24 approved by the board. The cardiopulmonary resuscitation course required under clause (1)  
 3.25 shall count toward the continuing education requirements for renewal; or

3.26 (ii) for an individual who only holds Minnesota EMT certification and held the  
 3.27 certification prior to April 1, 2021, maintain Minnesota certification by completing the  
 3.28 required hours of continuing education as determined in the National Continued Competency  
 3.29 Program of the National Registry of Emergency Medical Technicians, or its equivalent as  
 3.30 approved by the board. The cardiopulmonary resuscitation course required under clause (1)  
 3.31 shall count toward the continuing education requirements for renewal. This item expires  
 3.32 April 1, 2036; and

3.33 (3) complete a board-approved application form.

4.1 (b) Before the expiration date of certification, an applicant for renewal of certification  
4.2 as an AEMT or paramedic shall:

4.3 (1) for an AEMT, successfully complete a course in cardiopulmonary resuscitation that  
4.4 is approved by the board or the licensee's medical director, and for a paramedic, successfully  
4.5 complete a course in advanced cardiac life support that is approved by the board or the  
4.6 licensee's medical director;

4.7 ~~(2) successfully complete 48 hours of continuing education in emergency medical training~~  
4.8 ~~programs, appropriate to the level of the applicant's AEMT or paramedic certification, that~~  
4.9 ~~are consistent with the United States Department of Transportation National EMS Education~~  
4.10 ~~Standards or its equivalent as approved by the board or as approved by the licensee's medical~~  
4.11 ~~director. An applicant may take the United States Department of Transportation Emergency~~  
4.12 ~~Medical Technician refresher course or its equivalent without the written or practical test~~  
4.13 ~~as approved by the board, and as appropriate to the applicant's level of certification, as part~~  
4.14 ~~of the 48 hours of continuing education. Each hour of the refresher course, the~~  
4.15 ~~cardiopulmonary resuscitation course, and the advanced cardiac life support course counts~~  
4.16 ~~toward the 48-hour continuing education requirement; and~~ satisfy one of the following  
4.17 requirements:

4.18 (i) maintain National Registry of Emergency Medical Technicians certification following  
4.19 the requirements of the National Continued Competency Program, or its equivalent as  
4.20 approved by the board. The cardiopulmonary resuscitation course or advanced cardiac life  
4.21 support course required under clause (1) shall count toward the continuing education  
4.22 requirements for renewal; or

4.23 (ii) for an individual who only holds Minnesota AEMT or paramedic certification and  
4.24 held the certification prior to April 1, 2021, maintain Minnesota certification by completing  
4.25 the required hours of continuing education as determined in the National Continued  
4.26 Competency Program of the National Registry of Emergency Medical Technicians, or its  
4.27 equivalent as approved by the board. The cardiopulmonary resuscitation course or advanced  
4.28 cardiac life support course required under clause (1) shall count toward the continuing  
4.29 education requirements for renewal. This item expires April 1, 2036; and

4.30 (3) complete a board-approved application form.

4.31 (c) Certification shall be renewed every two years.

4.32 (d) If the applicant does not meet the renewal requirements under this subdivision, the  
4.33 applicant's certification expires.

5.1 Sec. 7. Minnesota Statutes 2020, section 144E.28, subdivision 8, is amended to read:

5.2 Subd. 8. **Reinstatement.** (a) Within ~~four~~ two years of a certification expiration date, a  
5.3 person whose certification has expired under subdivision 7, paragraph (d), may have the  
5.4 certification reinstated upon submission of:

5.5 (1) evidence to the board of training equivalent to the continuing education requirements  
5.6 of subdivision 7; and

5.7 (2) a board-approved application form.

5.8 (b) If more than ~~four~~ two years have passed since a certificate expiration date, an applicant  
5.9 must complete the initial certification process required under subdivision 1.

5.10 Sec. 8. Minnesota Statutes 2020, section 144E.283, is amended to read:

5.11 **144E.283 PRIMARY INSTRUCTOR QUALIFICATIONS.**

5.12 ~~(a) An emergency medical technician education program primary instructor must:~~

5.13 (1) possess ~~valid~~ current Minnesota certification, registration, or licensure as one of the  
5.14 following, at a level that is equivalent to or higher than the level of certification or registration  
5.15 being taught:

5.16 (i) an EMR, EMT, AEMT, or paramedic;

5.17 (ii) a physician, with certification in adult or pediatric emergency medicine from the  
5.18 American Board of Emergency Medicine or the American Board of Osteopathic Emergency  
5.19 Medicine, with certification in an emergency medical services subspecialty, or serving as  
5.20 a medical director of a licensed ambulance service;

5.21 (iii) a physician assistant, with experience in emergency medicine; or

5.22 (iv) a registered nurse with certification in adult or pediatric prehospital nursing from  
5.23 (A) the Board of Certification for Emergency Nursing, including certified flight registered  
5.24 nurse or certified transport registered nurse, or (B) the National Certification Corporation,  
5.25 including certified in neonatal pediatric transport;

5.26 (2) ~~have two years of active emergency medical practical experience~~ if required under  
5.27 this chapter for Minnesota certification or registration, possess National Registry of  
5.28 Emergency Medical Technicians certification or registration as an EMR, EMT, AEMT, or  
5.29 paramedic, at a level that is equivalent to or higher than the level of certification or  
5.30 registration being taught;

5.31 (3) satisfy one of the following requirements:

6.1 (i) hold at least an associate's degree and have been certified for at least three years at a  
 6.2 level that is equivalent to or higher than the level of certification or registration being taught;  
 6.3 or

6.4 (ii) have been certified for at least five years at a level that is equivalent to or higher  
 6.5 than the level of certification or registration being taught;

6.6 ~~(3)~~ (4) be recommended by a medical director of a licensed hospital, ambulance service,  
 6.7 or education program approved by the board;

6.8 ~~(4)~~ (5) satisfy one of the following requirements:

6.9 (i) successfully complete the United States Department of Transportation Emergency  
 6.10 Medical Services Instructor Education Program or its equivalent as approved by the board  
 6.11 course; and

6.12 (ii) successfully complete the National Association of EMS Educators Instructor level  
 6.13 1 course;

6.14 (iii) successfully complete the Fire Instructor I course;

6.15 (iv) hold at least a bachelor's degree in education;

6.16 (v) hold at least a master's degree in a related field of study;

6.17 (vi) have been vetted through the Minnesota State faculty credentialing process; or

6.18 (vii) successfully complete an equivalent course or hold an equivalent degree as approved  
 6.19 by the board;

6.20 ~~(5)~~ (6) complete eight hours of continuing education in educational topics every two  
 6.21 years, with documentation filed with the education program coordinator;

6.22 (7) complete a board-approved application form; and

6.23 (8) receive board approval as a primary instructor.

6.24 ~~(b) An emergency medical responder instructor must possess valid registration,~~  
 6.25 ~~certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician~~  
 6.26 ~~assistant, or registered nurse.~~

6.27 Sec. 9. Minnesota Statutes 2020, section 144E.285, subdivision 1, is amended to read:

6.28 Subdivision 1. **Approval required.** (a) All education programs for an EMR, EMT,  
 6.29 AEMT, or paramedic must be approved by the board.

6.30 (b) To be approved by the board, an education program must:



- 7.1 (1) submit an application prescribed by the board that includes:
- 7.2 (i) type ~~and length~~ of course to be offered;
- 7.3 (ii) names, addresses, and qualifications of the program medical director, program  
7.4 education coordinator, and instructors;
- 7.5 ~~(iii) names and addresses of clinical sites, including a contact person and telephone  
7.6 number;~~
- 7.7 ~~(iv)~~ (iii) admission criteria for students; and
- 7.8 ~~(v)~~ (iv) materials and equipment to be used;
- 7.9 (2) for each course, implement the most current version of the United States Department  
7.10 of Transportation EMS Education Standards, or its equivalent as determined by the board  
7.11 applicable to EMR, EMT, AEMT, or paramedic education;
- 7.12 (3) have a program medical director and a program coordinator;
- 7.13 (4) utilize primary instructors who meet the requirements of section 144E.283 for teaching  
7.14 at least 50 percent of the course content. The remaining 50 percent of the course may be  
7.15 taught by guest lecturers approved by the education program coordinator or medical director;
- 7.16 ~~(5) have at least one instructor for every ten students at the practical skill stations;~~
- 7.17 ~~(6) maintain a written agreement with a licensed hospital or licensed ambulance service  
7.18 designating a clinical training site;~~
- 7.19 ~~(7)~~ (5) retain documentation of program approval by the board, course outline, and  
7.20 student information;
- 7.21 ~~(8)~~ (6) notify the board of the starting date of a course prior to the beginning of a course;  
7.22 and
- 7.23 ~~(9)~~ (7) submit the appropriate fee as required under section 144E.29; and.
- 7.24 ~~(10) maintain a minimum average yearly pass rate as set by the board on an annual basis.  
7.25 The pass rate will be determined by the percent of candidates who pass the exam on the  
7.26 first attempt. An education program not meeting this yearly standard shall be placed on  
7.27 probation and shall be on a performance improvement plan approved by the board until  
7.28 meeting the pass rate standard. While on probation, the education program may continue  
7.29 providing classes if meeting the terms of the performance improvement plan as determined  
7.30 by the board. If an education program having probation status fails to meet the pass rate~~

8.1 ~~standard after two years in which an EMT initial course has been taught, the board may~~  
8.2 ~~take disciplinary action under subdivision 5.~~

8.3 Sec. 10. Minnesota Statutes 2020, section 144E.285, is amended by adding a subdivision  
8.4 to read:

8.5 Subd. 1a. **EMR requirements.** The National EMS Education Standards established by  
8.6 the NHTSA, United States Department of Transportation specifies the minimum requirements  
8.7 for knowledge and skills for emergency medical responders. A medical director of an  
8.8 emergency medical responder group may establish additional knowledge and skill  
8.9 requirements for EMRs.

8.10 Sec. 11. Minnesota Statutes 2020, section 144E.285, is amended by adding a subdivision  
8.11 to read:

8.12 Subd. 1b. **EMT requirements.** In addition to the requirements under subdivision 1,  
8.13 paragraph (b), an education program applying for approval to teach EMTs must:

8.14 (1) in the application prescribed by the board, include names and addresses of clinical  
8.15 sites, including a contact person and telephone number;

8.16 (2) maintain a written agreement with a licensed hospital or licensed ambulance service  
8.17 designating a clinical training site; and

8.18 (3) maintain a minimum average yearly pass rate as set by the board. An education  
8.19 program not meeting the standard in this subdivision shall be placed on probation and must  
8.20 comply with a performance improvement plan approved by the board until the program  
8.21 meets the pass-rate standard. While on probation, the education program may continue to  
8.22 provide classes if the program meets the terms of the performance improvement plan, as  
8.23 determined by the board. If an education program that is on probation status fails to meet  
8.24 the pass-rate standard after two years in which an EMT initial course has been taught, the  
8.25 board may take disciplinary action under subdivision 5.

8.26 Sec. 12. Minnesota Statutes 2020, section 144E.285, subdivision 2, is amended to read:

8.27 Subd. 2. **AEMT and paramedic requirements.** (a) In addition to the requirements  
8.28 under subdivision 1, paragraph (b), an education program applying for approval to teach  
8.29 AEMTs and paramedics must:

8.30 (1) be administered by an educational institution accredited by the Commission of  
8.31 Accreditation of Allied Health Education Programs (CAAHEP);

9.1 (2) in the application prescribed by the board, include names and addresses of clinical  
 9.2 sites, including a contact person and telephone number; and

9.3 (3) maintain a written agreement with a licensed hospital or licensed ambulance service  
 9.4 designating a clinical training site.

9.5 (b) An AEMT and paramedic education program that is administered by an educational  
 9.6 institution not accredited by CAAHEP, but that is in the process of completing the  
 9.7 accreditation process, may be granted provisional approval by the board upon verification  
 9.8 of submission of its self-study report and the appropriate review fee to CAAHEP.

9.9 (c) An educational institution that discontinues its participation in the accreditation  
 9.10 process must notify the board immediately and provisional approval shall be withdrawn.

9.11 ~~(d) This subdivision does not apply to a paramedic education program when the program~~  
 9.12 ~~is operated by an advanced life support ambulance service licensed by the Emergency~~  
 9.13 ~~Medical Services Regulatory Board under this chapter, and the ambulance service meets~~  
 9.14 ~~the following criteria:~~

9.15 ~~(1) covers a rural primary service area that does not contain a hospital within the primary~~  
 9.16 ~~service area or contains a hospital within the primary service area that has been designated~~  
 9.17 ~~as a critical access hospital under section 144.1483, clause (9);~~

9.18 ~~(2) has tax-exempt status in accordance with the Internal Revenue Code, section~~  
 9.19 ~~501(c)(3);~~

9.20 ~~(3) received approval before 1991 from the commissioner of health to operate a paramedic~~  
 9.21 ~~education program;~~

9.22 ~~(4) operates an AEMT and paramedic education program exclusively to train paramedics~~  
 9.23 ~~for the local ambulance service; and~~

9.24 ~~(5) limits enrollment in the AEMT and paramedic program to five candidates per~~  
 9.25 ~~biennium.~~

9.26 Sec. 13. Minnesota Statutes 2020, section 144E.285, subdivision 4, is amended to read:

9.27 Subd. 4. **Reapproval.** An education program shall apply to the board for reapproval at  
 9.28 least three months prior to the expiration date of its approval and must:

9.29 (1) submit an application prescribed by the board specifying any changes from the  
 9.30 information provided for prior approval and any other information requested by the board  
 9.31 to clarify incomplete or ambiguous information presented in the application; and

- 10.1 (2) comply with the requirements under subdivision 1, paragraph (b), clauses (2) to ~~(10)~~;
- 10.2 (7);
- 10.3 (3) be subject to a site visit;
- 10.4 (4) for education programs that teach EMTs, comply with the requirements in subdivision
- 10.5 1b; and
- 10.6 (5) for education programs that teach AEMTs and paramedics, comply with the
- 10.7 requirements in subdivision 2 and maintain accreditation with the CAAHEP.
- 10.8 Sec. 14. **REPEALER.**
- 10.9 Minnesota Statutes 2020, section 144E.27, subdivisions 1 and 1a, are repealed.

**144E.27 EDUCATION PROGRAMS; BOARD APPROVAL.**

Subdivision 1. **Education program instructor.** An education program instructor must be an emergency medical responder, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

Subd. 1a. **Approval required.** (a) All education programs for an emergency medical responder must be approved by the board.

(b) To be approved by the board, an education program must:

(1) submit an application prescribed by the board that includes:

(i) type and length of course to be offered;

(ii) names, addresses, and qualifications of the program medical director, program education coordinator, and instructors;

(iii) admission criteria for students; and

(iv) materials and equipment to be used;

(2) for each course, implement the most current version of the United States Department of Transportation EMS Education Standards, or its equivalent as determined by the board applicable to Emergency Medical Responder registration education;

(3) have a program medical director and a program coordinator;

(4) have at least one instructor for every ten students at the practical skill stations;

(5) retain documentation of program approval by the board, course outline, and student information; and

(6) submit the appropriate fee as required under section 144E.29.

(c) The National EMS Education Standards by the NHTSA, United States Department of Transportation contains the minimal entry level of knowledge and skills for emergency medical responders. Medical directors of emergency medical responder groups may expand the knowledge and skill set.